



KENNY C. GUINN  
*Governor*

SYDNEY H. WICKLIFFE, C.P.A.  
*Director*

STATE OF NEVADA  
**MORTGAGE LENDING DIVISION**  
DEPARTMENT OF BUSINESS AND INDUSTRY  
400 West King Street, Suite 406  
Carson City, Nevada 89703  
(775) 684-7060 • FAX (775) 684-7061

*Commissioner*

[mld.nv.gov](http://mld.nv.gov)

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

To Whom It May Concern:

The undersigned individual has applied to this department for a license to perform in a key position in a mortgage company. The Act requires experience verification of the applicant for such a license.

Your attention in responding to the following request is appreciated.

Sincerely,

, Commissioner

**REQUESTED INFORMATION:**

This letter authorizes you to release any information you may have that relates to my financial responsibility, character, or business experience. Your response shall be a matter of courtesy for which no liability may be attached.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

**\*\*Applicant must include this with application.**